



# LIQUOR LICENSE APPLICATION

1. Application. **Do not include** any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

<b>License Applied For:</b>		<p style="text-align: center;"><b>Rec'd by Portland CITY AND COUNTY USE ONLY Liquor Licenses</b></p> <p style="text-align: center;"><b>SEP -9 2020</b></p> <p style="text-align: center;"># <u>100 + 99</u> - 2/2</p>
<input type="checkbox"/> Brewery 1st Location	Date application received and/or date stamp:	
<input type="checkbox"/> Brewery 2nd Location	Name of City or County:	
<input type="checkbox"/> Brewery 3rd Location		
<input type="checkbox"/> Brewery-Public House 1st Location	Recommends this license be:	
<input type="checkbox"/> Brewery-Public House 2nd Location		<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 3rd Location	By: _____	
<input type="checkbox"/> Distillery		Date: _____
<input type="checkbox"/> Full On-Premises, Commercial	<p style="text-align: center;"><b>OLCC USE ONLY</b></p> Date application received: <u>7.29.20</u>	
<input type="checkbox"/> Full On-Premises, Caterer		
<input type="checkbox"/> Full On-Premises, Passenger Carrier	By: <u>SR</u>	
<input checked="" type="checkbox"/> Full On-Premises, Other Public Location		License Action(s):
<input type="checkbox"/> Full On-Premises, For Profit Private Club	C/O; C/TN	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club		
<input type="checkbox"/> Grower Sales Privilege 1st Location		
<input type="checkbox"/> Grower Sales Privilege 2nd Location		
<input type="checkbox"/> Grower Sales Privilege 3rd Location		
<input type="checkbox"/> Limited On-Premises		
<input checked="" type="checkbox"/> Off-Premises		
<input type="checkbox"/> Off-Premises with Fuel Pumps		
<input type="checkbox"/> Warehouse		
<input type="checkbox"/> Wholesale Malt Beverage & Wine		
<input type="checkbox"/> Winery 1st Location		
<input type="checkbox"/> Winery 2nd Location		
<input type="checkbox"/> Winery 3rd Location		
<input type="checkbox"/> Winery 4th Location		
<input type="checkbox"/> Winery 5th Location		

2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

Sip & Spin, LLC \_\_\_\_\_  
 (Applicant #1) (Applicant #2)

\_\_\_\_\_  
 (Applicant #3) (Applicant #4)

3. Trade Name of the Business (Name Customers Will See)  
Sip & Spin

4. Business Address (Number and Street Address of the Location that will have the liquor license)  
9226 SE Division St. Unit A-2

City <u>Portland</u>	County <u>Multnomah</u>	Zip Code <u>97266</u>
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OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Sip & Spin, LLC Phone: \_\_\_\_\_

Trade Name (dba): Sip & Spin

Business Location Address: 9226 SE Division St. Unit A-2

City: Portland ZIP Code: 97266

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 2pm to 10pm
Monday 2pm to 10pm
Tuesday 2pm to 10pm
Wednesday 2pm to 10pm
Thursday 2pm to 10pm
Friday 2pm to 10pm
Saturday 2pm to 10pm

Outdoor Area Hours:

Sunday \_\_\_\_\_ to \_\_\_\_\_
Monday \_\_\_\_\_ to \_\_\_\_\_
Tuesday \_\_\_\_\_ to \_\_\_\_\_
Wednesday \_\_\_\_\_ to \_\_\_\_\_
Thursday \_\_\_\_\_ to \_\_\_\_\_
Friday \_\_\_\_\_ to \_\_\_\_\_
Saturday \_\_\_\_\_ to \_\_\_\_\_

The outdoor area is used for:

- Food service Hours: \_\_\_\_\_ to \_\_\_\_\_
Alcohol service Hours: \_\_\_\_\_ to \_\_\_\_\_
Enclosed, how \_\_\_\_\_

The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials)

Seasonal Variations: [X] Yes [ ] No If yes, explain: COVID-19

ENTERTAINMENT

Check all that apply:

- Live Music [ ]
Recorded Music [X]
DJ Music [ ]
Dancing [ ]
Nude Entertainers [ ]
Karaoke [ ]
Coin-operated Games [ ]
Video Lottery Machines [X]
Social Gaming [ ]
Pool Tables [ ]
Other: \_\_\_\_\_

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday \_\_\_\_\_ to \_\_\_\_\_
Monday \_\_\_\_\_ to \_\_\_\_\_
Tuesday \_\_\_\_\_ to \_\_\_\_\_
Wednesday \_\_\_\_\_ to \_\_\_\_\_
Thursday \_\_\_\_\_ to \_\_\_\_\_
Friday \_\_\_\_\_ to \_\_\_\_\_
Saturday \_\_\_\_\_ to \_\_\_\_\_

SEATING COUNT

Restaurant: \_\_\_\_\_ Outdoor: \_\_\_\_\_
Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_
Banquet: \_\_\_\_\_ Total Seating 32

OLCC USE ONLY
Investigator Verified Seating: (Y) (N)
Investigator Initials: \_\_\_\_\_
Date: \_\_\_\_\_

I understand if my answers are not true and complete, the OLCC may deny my license application.
Applicant Signature: Jenny Ching Date: 7-30-2020

1-800-452-OLCC (6522)
www.oregon.gov/olcc

(rev. 12/07)